



State of New Hampshire New Hampshire Board of Nursing

121 S. Fruit St., Concord, NH 03301
Webpage: <http://www.nh.gov/nursing>
TDD Access: Relay NH 1-800-735-2964

Nursing 603-271-2323

Nurse Asst. 603-271-6282

Welcome. You are applying for an initial New Hampshire Nursing Assistant License.

There are three main ways to qualify for an initial NH Nursing Assistant License.

The table and checklist below will help guide you in the application process.

Complete the checklist section that applies to you and submit this checklist with the Application for Initial NH Nursing Assistant License.

Section I	Section II	Section III
License by Competency Evaluation:	License by Comparable Education:	License by Endorsement:
This means that you have completed a NH Nursing Assistant Education Program and written and clinical testing.	This means that you have completed the Nursing Fundamentals portion of a RN or LPN program or a LNA Challenge Exam and written and clinical testing.	This means that you hold an active Nursing Assistant License, Certification or Registration in another state.
<p>Must be Completed for Section #I, II or III</p> <p><input type="checkbox"/> YES I have followed Board directives (www.nh.gov/nursing), to comply with the new FBI fingerprint and NH background check requirements and provided the required fee of \$49.75, payable to: <u>State of NH -Criminal Records</u>.</p> <p>Your criminal record will be processed and sent directly to the Board of Nursing. Please be aware that the NH Board of Nursing cannot complete the application process until we have received and reviewed your criminal record report. The Board can only accept completed criminal reports that are sent to us by the NH State Police.</p>		
<p>I have attached a copy of my LNA Education Program Certificate: YES <input type="checkbox"/></p> <p>I have attached a final Report of my Written and Clinical Competency Testing Results: YES <input type="checkbox"/></p>	<p>I have attached a copy of one of the following: Nursing Program Official Transcript documenting completion of Nursing Fundamentals: YES <input type="checkbox"/> OR Letter from my Nursing Program verifying completion of Nursing Fundamentals: YES <input type="checkbox"/> OR Challenge Exam Certificate and final report of Written and Clinical Competency Testing Results YES <input type="checkbox"/></p>	<p>I have attached a copy of my out-of-state Nursing Assistant License or certificate: YES <input type="checkbox"/> AND</p> <p>I have completed and sent request for verification of any/all out of state licenses/certifications/registrations: YES <input type="checkbox"/></p> <p><i>*You may make multiple copies of the verification form if needed*</i></p>
<p>I have completed and attached the NH Board of Nursing <u>Application for Initial NH Nursing Assistant License</u> YES <input type="checkbox"/></p>	<p>I have completed and attached the NH Board of Nursing <u>Application for Initial NH Nursing Assistant License</u> YES <input type="checkbox"/></p>	<p>I have completed and attached the Board of Nursing <u>Application for Initial NH Nursing Assistant License</u> YES <input type="checkbox"/></p>
<p>I have attached a check or money order for \$35.00, payable to: <i>Treasurer, State of New Hampshire</i> (please note that all fees are non-refundable): YES <input type="checkbox"/></p>	<p>I have attached a check or money order for \$35.00, payable to: <i>Treasurer, State of New Hampshire</i>: (please note that all fees are non-refundable): YES <input type="checkbox"/></p>	<p>I have attached a check or money order for \$35.00, payable to: <i>Treasurer, State of New Hampshire</i>: (please note that all fees are non-refundable): YES <input type="checkbox"/></p>
Print Name:	Signature:	
	Date	



State of New Hampshire
New Hampshire Board of Nursing
121 S. Fruit St.
Concord, NH 03301

For Office Use Only

Fee: _____
Rec'd: _____
Ck/mo#: _____
Reg # _____
Issued: _____

Nursing 603-271-2323

Webpage: <http://www.nh.gov/nursing>
TDD Access: Relay NH 1-800-735-2964

Nurse Asst. 603-271-6282

Application for Initial New

Hampshire Nursing Assistant License

Please note that all questions must be answered or your application will be returned to you.			
Last Name:	First Name:	Middle Initial:	Maiden/Other Names Used:
Home Mailing Address:		Please provide your e-mail address:	
City or Town:	County:	State:	Zip Code:
Date of Birth: / /	Phone Number: () -	Social Security # (required): / /	
If you answered YES to questions (1-4), you must attach a letter of explanation.			
1. Have you ever received disciplinary action against any nursing assistant license, certification or nursing license, in any state or jurisdiction including reprimand, probation, suspension, revocation, educational or practice stipulations, fines or voluntary surrender?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. Have you previously or currently been impaired by or diverted any chemical substances that impaired your ability to practice that has not been annulled?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. Have you ever been convicted of a felony or any criminal act, not including traffic offenses? (Note: Driving While Intoxicated and Driving Under the Influence are not "traffic violations.")		YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. Do you have a mental or physical problem that makes you incompetent to provide nursing-related activities?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you want your name and address on a list of nurses that may be made available for purchase?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you want your name and address on a list that may be made available for individuals conducting healthcare research?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Name of Nursing or Nursing Assistant Program:			
Date of Program Certificate or completion of fundamentals of Nursing course:		Written and Clinical Competency Evaluation Date:	
Were any special arrangements made for you during the nursing assistant program or competency testing because of a physical or mental condition? *YES <input type="checkbox"/> NO <input type="checkbox"/> *If YES, please attach a letter of explanation.			
Have you received reimbursement for your LNA Education? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Name of Current Employer:	Phone Number of Current Employer: () -	Job Title	
Address of Current Employer:		Date of Hire:	
Do you now hold (or have you ever held) a Nursing or Nursing Assistant Certification, License or Registration in any other state? *YES <input type="checkbox"/> NO <input type="checkbox"/> *If you answered YES, please complete the information requested for each state in which you held a certification, license or registration	State:	License Type:	Expiration Date:
	State:	License Type:	Expiration Date:
UNDER PENALTY OF LAW, I state the information provided is accurate to the best of my knowledge and belief. I understand knowingly providing false information may be grounds for denial, probation, reprimand, suspension or revocation of a license (RSA 326-B:37) and may be grounds for conviction of a misdemeanor (RSA 641:3).			
Full Signature of Applicant:			Date:



State of New Hampshire

Criminal Records Unit

Department of Safety
DIVISION OF STATE POLICE

33 Hazen Drive, Concord, NH 03305

NEW HAMPSHIRE BOARD OF NURSING RECORD INFORMATION AUTHORIZATION

BOARD OF NURSING NH RSA 326-b:15

INSTRUCTIONS

NH RSA 106-B:14 and Administrative Rule Saf-C 5700 authorizes the dissemination of NH Criminal History Record Information (CHRI) for non-criminal justice purposes. In NH, all CHRI is confidential and released only upon the knowledge and permission of the individual of whom the request is made. Individuals requesting their own record in person need only to complete Section I. If the CHRI is to be released to a third party, both Section I and Section II must be completed. All requests by mail must have both sections completed and Section II notarized.

SECTION I (PLEASE PRINT CLEARLY)

NAME _____
LAST (MAIDEN/ALIAS) FIRST MI

ADDRESS _____
STREET CITY STATE ZIP CODE

DATE OF BIRTH _____ HAIR COLOR _____ EYE COLOR _____

SEX _____ DRIVER LICENSE NUMBER _____ STATE _____

My signature below certifies I am the individual listed above and the information provided is true.

YOUR SIGNATURE: _____ DATE _____

UNDER PENALTY OF LAW, I understand knowingly providing false information may be grounds for denial, probation, reprimand, suspension or revocation of a license (RSA 326-B:37) and may be grounds for a misdemeanor RSA 641:3.

SECTION II

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

New Hampshire Board of Nursing

NAME OF PERSON/ENTITY TO RECEIVE RECORD

ADDRESS 121 South Fruit Street, Concord, NH 03301
STREET CITY STATE ZIP CODE

YOUR SIGNATURE _____ DATE _____

NOTARY'S SIGNATURE _____ DATE _____

(AFFIX Seal)

(comm. Exp.)

SIGNATURE OF PERSON/ENTITY TO RECEIVE RECORD _____ DATE _____

RECORD CHALLENGE

Saf-C 5703.12 Procedure for Correcting a CHRI (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction. (f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded.

WARNING: The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal History Record of the named individual.

FEES

☐ LIVESCAN - \$39.75 (\$49.75 if printed at a state police livescan site)

☐ INKED - \$49.75

NOTE: Make checks payable to: State of NH - Criminal Records

☐ Applicant fingerprint card must be submitted at the same time as payment and this form.